

# Innovation School of Excellence

**ONE GREAT SCHOOL IN THREE GREAT LOCATIONS!**



## **VOLUNTEER APPLICATION**

**VOLUNTEER NAME:** \_\_\_\_\_

CORPORATE OFFICE  
329 AUSLEY ROAD ❖ TALLAHASSEE, FL 32304  
OFFICE (850)575-5580 ❖ FAX (850)575-0833  
[www.innovationschoolofexcellence.org](http://www.innovationschoolofexcellence.org)

*"A Ministry of Innovation Baptist Church"*  
*ISE is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, ISE will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.*

# **In the Pursuit of Excellence**



**VOLUNTEER INFORMATION**

Last Name		First		M.I.
Street Address			Apartment/Unit #	
City	State	ZIP	Home Phone	
Cell Phone		E-mail Address		
Date of Birth		Social Security No.		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

If you are known to schools or references by another name, please give name: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

This information is optional to you as an applicant, but we would appreciate it if you would complete the following to assist us in the collection of demographic information.

<b>ETHNICITY: (Check one)</b> <input type="checkbox"/> African-American (Non-Hispanic) <input type="checkbox"/> American Indian/Alaska Native (Non-Hispanic) <input type="checkbox"/> Asian/Pacific Islander (Non-Hispanic) <input type="checkbox"/> Caucasian <input type="checkbox"/> Chicano-Hispano <input type="checkbox"/> European-American (Non-Hispanic)	<b>SPECIAL NEEDS: (Check all that apply)</b> Handicapped <input type="checkbox"/> YES <input type="checkbox"/> NO Veteran <input type="checkbox"/> YES <input type="checkbox"/> NO Disabled Veteran <input type="checkbox"/> YES <input type="checkbox"/> NO Division of Blind Services <input type="checkbox"/> YES <input type="checkbox"/> NO
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**AREA YOU DESIRE TO VOLUNTEER IN**

<input type="checkbox"/> Infants and Toddlers	<input type="checkbox"/> After School	<input type="checkbox"/> Middle School Department	<input type="checkbox"/> Custodial / Maintenance
<input type="checkbox"/> Pre-K (Ages 3 & 4)	<input type="checkbox"/> Elementary Department	<input type="checkbox"/> Office / Clerical	<input type="checkbox"/> Cook

AVAILABLE START DATE: \_\_\_\_\_

HOURS AND DAYS OF AVAILABILITY:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FROM	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm
TO	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm

How were you referred to ISE? \_\_\_\_\_

**SKILLS**

<input type="checkbox"/> Accounting	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Radio, TV, or Film Production
<input type="checkbox"/> Secretarial / Receptionist	<input type="checkbox"/> Photography	<input type="checkbox"/> Office Machines (Specify _____)
<input type="checkbox"/> Journalism	<input type="checkbox"/> Art Work	<input type="checkbox"/> Other (Specify _____)
<input type="checkbox"/> Typing _____wpm	<input type="checkbox"/> Nursing	

Languages other than English spoken or read: \_\_\_\_\_

Computer Training: \_\_\_\_\_

Computer programs with which you are experienced (Microsoft Windows, Quickbooks, Access, Foxpro, Excel, Desktop Publishing, etc.) \_\_\_\_\_

Please provide any additional information that you consider to be pertinent to your application for employment, including school honors, organization memberships, unique skills, training, etc. \_\_\_\_\_



**EXPERIENCES AND PERSONAL REFERENCES**

Please list past employment. List in order beginning with the most recent position held.

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Brief detail of job responsibilities: \_\_\_\_\_

\_\_\_\_\_

Give the name, address and phone number of three persons, other than relatives, who know you personally.

NAME	ADDRESS (Street, City, State, Zip)	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VISION ESSAY**

**OUR VISION**

*"Where there is no vision, the people perish..." Proverbs 29:18*

**To inspire students to excel by promoting a stimulating, Christian learning environment through challenging, innovative and instructional approaches – ultimately transforming minds and thereby affecting eternity.**

*"Train up a child in the way he should go, and when he is old, he will not depart from it." Proverbs 22:6*

**Please write a short essay (100 words or less) in the space below describing what you can do to contribute to the vision of ISE.**

Large empty space for writing the vision essay.



## Affidavit of Volunteers

Under penalty of perjury, I attest my name is \_\_\_\_\_,  
and I serve as a volunteer in the child care facility known as

\_\_\_\_\_.

As a volunteer, I do not receive any form of payment or remuneration such as money, free or reduced child care, or any other type of compensation for my time.

I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 40 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated training requirements.

Under penalty of perjury, I declare that I have read the foregoing, and the facts alleged are true and correct.

\_\_\_\_\_

Affiant Signature

\_\_\_\_\_

Date

Form of identification presented: \_\_\_\_\_

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Commission Expires: \_\_\_\_\_



# CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

By signing this form, I am swearing or affirming that I have not been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also attest that I do not have a delinquency record that is similar to any of these offenses.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes.

		<u>Relating to:</u>
Sections:	393.135	relating to sexual misconduct with certain developmentally disabled clients
	394.4593	relating to sexual misconduct with certain mental health patients
	415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults
	741.30	domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member
	782.04	murder
	782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
	782.071	vehicular homicide
	782.09	killing an unborn child by injury to the mother
	784.011	assault, if the victim of offense was a minor
	784.021	aggravated assault
	784.03	battery, if the victim of offense was a minor
	784.045	aggravated battery
	784.075	battery on a detention or commitment facility staff
	787.01	kidnapping
	787.02	false imprisonment
	787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
	787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
	790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
	790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
	794.011	sexual battery
	794.041	prohibited acts of persons in familial or custodial authority (former)
Chapter:	796	prostitution
Section:	798.02	lewd and lascivious behavior
Chapter:	800	lewdness and indecent exposure
Section:	806.01	arson
Chapter:	812	felony theft and/or robbery and related crimes, if a felony
Sections:	817.563	fraudulent sale of controlled substances, if the offense was a felony
	825.102	abuse, aggravated abuse, or neglect of disabled adults or elderly persons
	825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
	825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
	826.04	incest
	827.03	child abuse, aggravated child abuse, or neglect of a child
	827.04	contributing to the delinquency or dependency of a child
	827.05	negligent treatment of children
	827.071	sexual performance by a child
	843.01	resisting arrest with violence
	843.025	depriving an officer means of protection or communication

**CONTINUED ON NEXT PAGE**

	843.12	aiding in the escape
	843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter:	847	obscene literature
Section:	874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter:	893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Sections:	916.1075	relating to sexual misconduct with certain forensic clients
	944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
	944.46	harboring, concealing, or aiding an escaped prisoner
	944.47	introduction of contraband into a correctional facility
	985.701	sexual misconduct in juvenile justice programs
	985.711	contraband introduced into detention facilities

**ONE OF THE FOLLOWING STATEMENTS MUST BE MADE:**

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position.

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

OR

***for teachers and non-instructional personnel in lieu of fingerprint submission:***

I swear or affirm that I have been fingerprinted under Chapter 1012, Florida Statutes, when employed as a teacher or non-instructional employee and have not been unemployed from the school board for more than 90 days. I swear the findings of that background check did not include any of the above offenses and that I meet the standards of good character for this caretaker position.

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

*Child Abuse & Neglect Mandated Reporter Requirements*

**Child Abuse & Neglect Reporting Requirements  
Acknowledgment**

**All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with section 39.201 of the Florida Statutes (F.S.).**

- \* “Child Abuse or Neglect” is defined in s. 39.201(e), F.S., as “harm or threatened harm” to a child’s mental or physical health or welfare by the acts or omissions of a parent, adult household member, or other person responsible for the child’s welfare, or for purposes of reporting requirements by any person.
- \* Reports must be made immediately to the centralized Florida Abuse Hotline Information System at 1-800-962-2873.
- \* All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
- \* It is important to give as much identifying and factual information as possible when making a report.
- \* Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
- \* Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect.

**Categories include:**

- Physical Abuse (i.e. unexplained bruises, burns, marks...)
- Physical Neglect (i.e. hunger, poor hygiene, lack of supervision...)
- Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)
- Mental Injury (i.e. impairment in the ability to function, depression...)

This statement is to verify that on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_  
Date Name of Employee  
read the above material.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Operator